

Special Management Inmate Notice

Name: _____ ODOC #: _____

Location: _____

Justification: _____

Requestor: _____ Date: _____

Approving Authority: _____ Date: _____

This inmate is identified as a special management inmate. Transfer will require approval of the administrator of Classification and Population and PREA Compliance after consultation with the chief administrator of Institutions.

In the event an emergency medical or mental health transfer is required, the facility head will notify the chief administrator of Institutions.